

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1983-403-517	Sent to	Mayor of Richard Preston, Emmitsburg
	Street and No.	City Hall
	P.O., State and ZIP Code	Emmitsburg, Md. 21727
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Ristricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
PS Form 3800, Feb. 1982	Postmark or Date sent 9/20/85	

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.

2. ☒ Restricted Delivery.

3. Article Addressed to:
Richard Preston, Mayor
Town of Emmitsburg
City Hall
Emmitsburg, Md. 21727

4. Type of Service:

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	

Article Number
587 178
894

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X

7. Date of Delivery
OCT 7 2 50 PM '85

8. Addressee's Address (ONLY if requested and fee paid)
CHARLES SELLER, CLERK

BY: _____

DOMESTIC RETURN RECEIPT

SEP 24 1985